

ATTACHMENT G1

FIGURES

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Figure G1-1. Household Goods Descriptive Inventory

PACKING LIST OF HOUSEHOLD GOODS						Page 1 of
SHIPPING ACTIVITY		OWNER (Name)		(Rank or rate)		
PACKED BY		LOT NO.		DATE		
CONSIGNEE TO (Name and complete address)						
METHOD OF SHIPMENT						
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"><input type="checkbox"/> Rail (LCL)</div> <div style="text-align: center;"><input type="checkbox"/> Air Freight</div> <div style="text-align: center;"><input type="checkbox"/> Motor Freight</div> <div style="text-align: center;"><input type="checkbox"/> Water</div> <div style="text-align: center;">Other _____ (Specify)</div> </div>						
Container No.	*Type of Container	Contents	Inv No.	Wt. (Lbs.)	Location of Condition	Cubic feet
*ABBREVIATIONS						
FOR TYPE OF CONTAINER:		EXCEPTION SYMBOLS		LOCATION SYMBOLS		
NW - Nailed Wood	BR - Broken	F - Faded	R - Rubbed	B - Bottom	RT - Right	
FB - Fiber Board	BU - Burned	G - Gouged	SC - Scratched	C - Corner	S - Side	
OC - Open Crate	CH - Chipped	GC - Good Condition	SO - Soiled	F - Front	TOP - Top	
BRL - Barrel	CU - Contents and	L - Loose	T - Torn	LEF - Left	LG - Leg	
HGCC - Household Goods	Conditions Unknown	M - Marred	Z - Cracked	RE - Rear	V - Veneer	
Consolidated Crate	D - Dented	NW - Normal Wear	OR - Owner's Risk			

Figure G1-2. Packing List of Household Goods

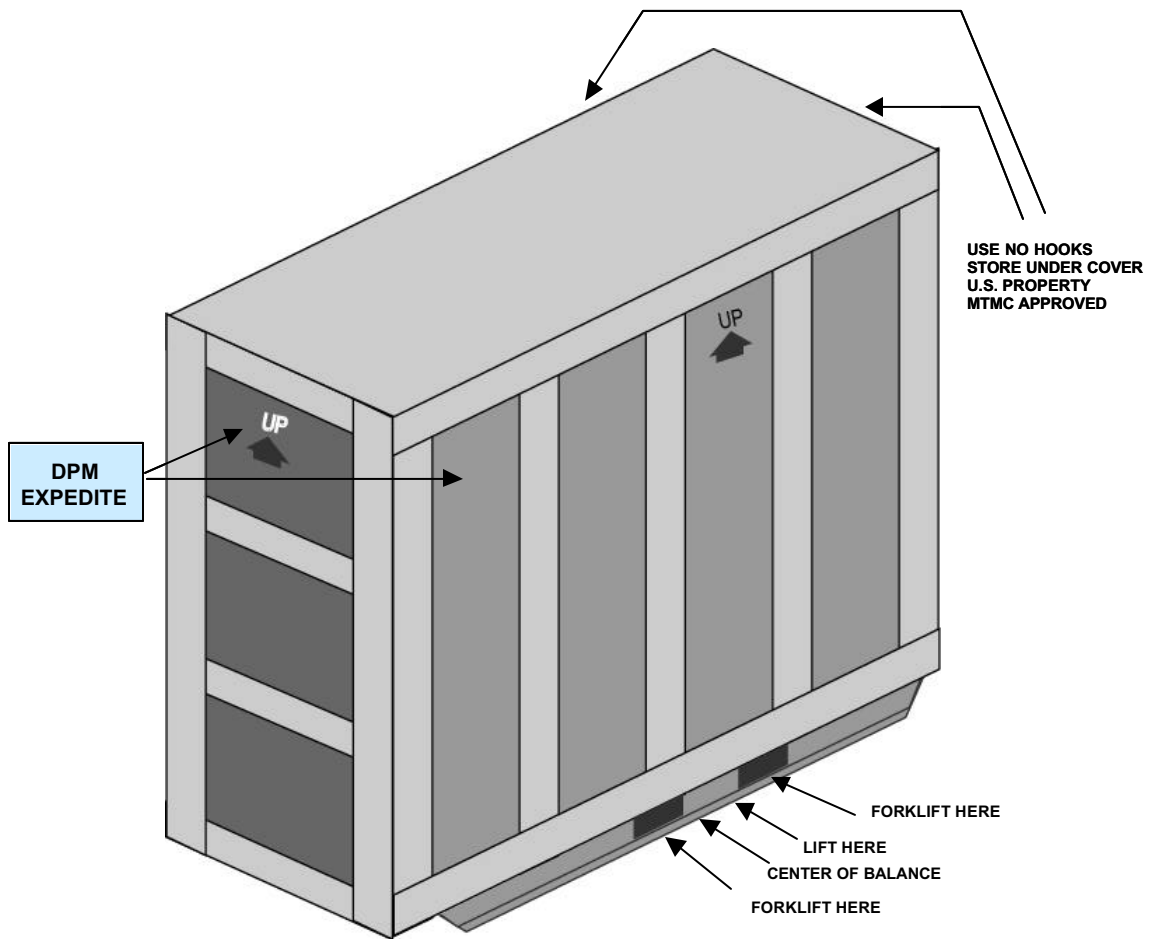


Figure G1-3. Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box

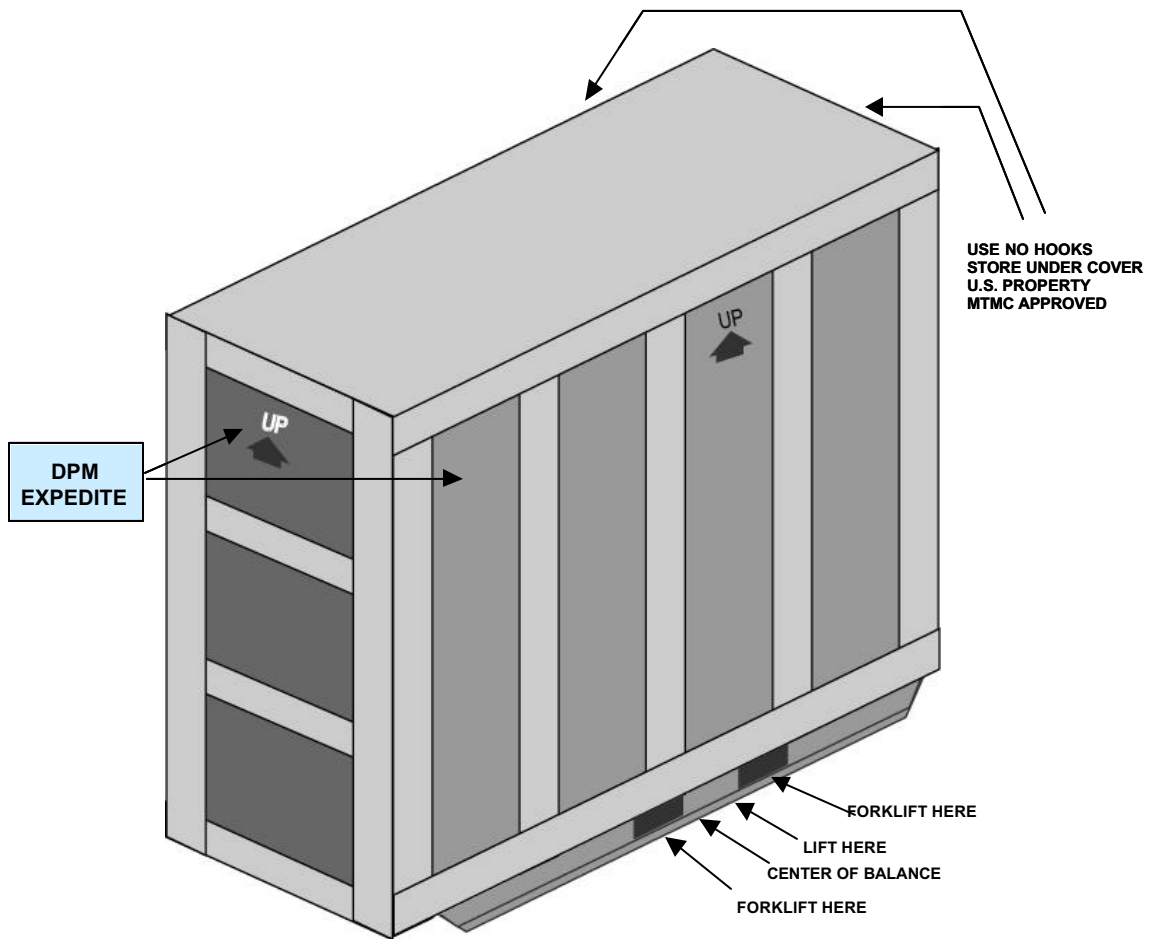


Figure G1-4. Location of Permanent Markings on MIL-STD-1489 HHG Box

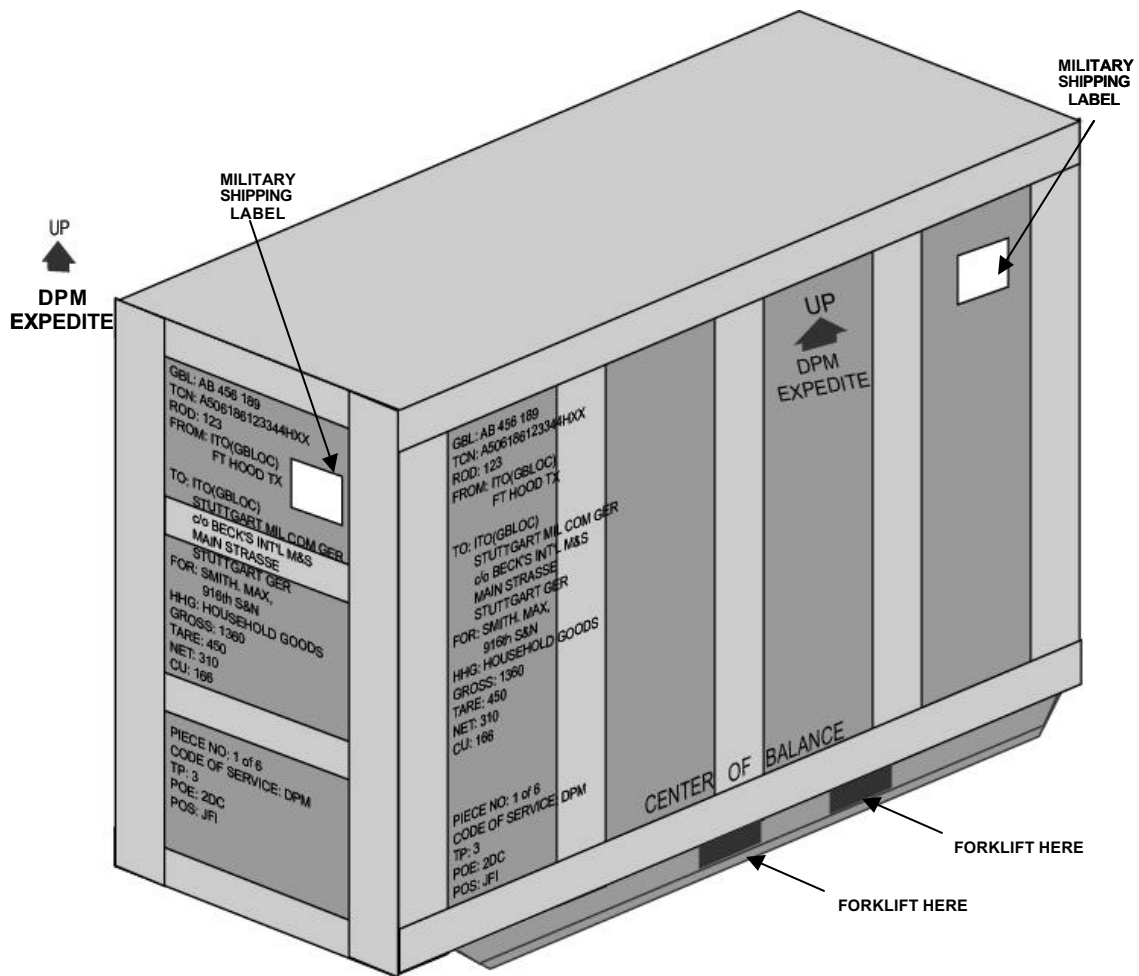


Figure G1-5. Container Marking for Household Goods

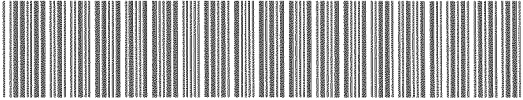
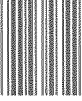
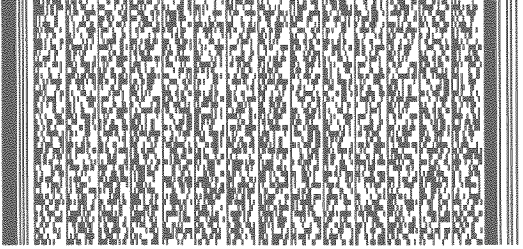
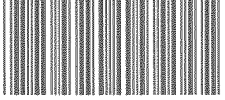
TCN F1096305469621JXX			
			
From FB4407 In-the-clear Address 3 Lines Max, 35 Characters Per Line XXXXXXXXXXXXXXXXXXXXXXXXXX		TAC / PPGBL / Carrier FZZZ M1234567 XYZ Carrier Worldwide	
Piece 1 Of 4 	Weight (lb.) 350 Cube (ft.) 36	Date Shipped 1099	RDD 118
Ship To / POE DOV In-the-clear Address 5 Lines Max, 35 Characters Per Line Abcdefg Higjklmno Pqrstuv Wxyz Abcdefg Higjklmno Pqrstuv Wxyz XXXXXXXXXXXXXXXXXXXXXXXXXX		Priority 2	
POD RMS	MSL / TCMD Information 		
Type Service TGBL UB			
Tare Weight (lb.) 40			
Net Weight (lb.) 310			
For JB Smith			
FB5612 		Ultimate Consignee / Mark For Consignee Free Text Address 5 Lines Max, 35 Characters Per Line Abcdefg Higjklmno Pqrstuv Wxyz Abcdefg Higjklmno Pqrstuv Wxyz XXXXXXXXXXXXXXXXXXXXXXXXXX	

Figure G1-6. Military Shipping Label for Personal Property

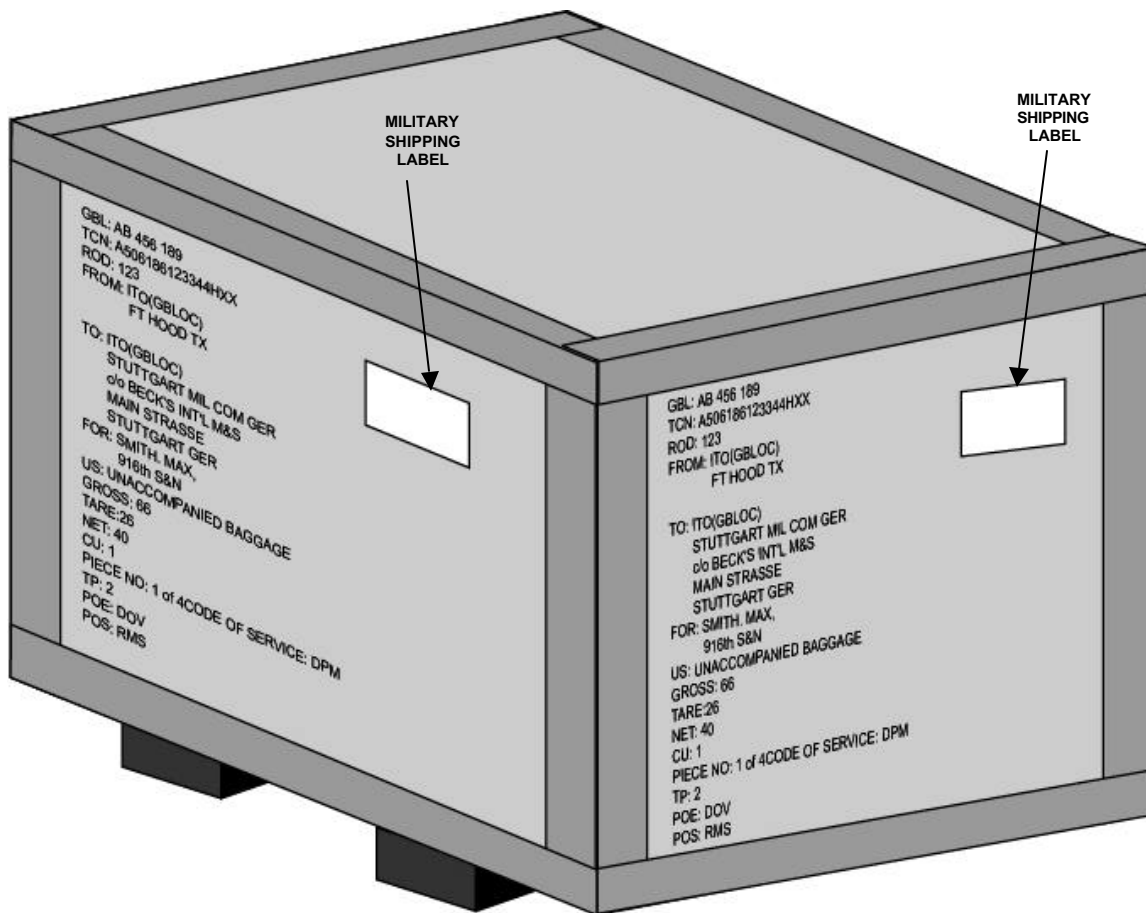


Figure G1-7. Markings of Unaccompanied Baggage

JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY			
<u>Privacy Act Statement</u>			
AUTHORITY:	The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).		
PRINCIPLE PURPOSE(S):	The information requested is to be used in evaluating claims.		
ROUTINE USE(S):	The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.		
DISCLOSURE:	Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.		
GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.			
SECTION A - GENERAL (To be completed by carrier/contractor)			
1. NAME OF OWNER (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT
5. ORIGIN OF SHIPMENT (City and State/Country)		6. DESTINATION OF SHIPMENT (City and State/Country)	
7. PPGBU/ORDER NUMBER	8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR	
10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.	
SECTION B - RECORD OF LOSS OR DAMAGE (To be completed jointly by member and carrier's/contractor's representative)			
13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.			
a. Inv. No.	b. Name of item	c. Description of loss or damage (If missing, so indicate)	
14. ACKNOWLEDGMENT BY MEMBER OR AGENT (X and complete as applicable and sign below)		15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE (X and complete as applicable and sign below)	
a. I received my property in apparently good condition except as indicated above. A continuation sheet <input type="checkbox"/> was <input type="checkbox"/> was not used.		a. Property was delivered in apparently good condition except as otherwise noted above.	
b. Unpacking and removal of packing material, boxes, cartons, and other debris <input type="checkbox"/> is <input type="checkbox"/> is not waived.		b. I will initiate tracer action for missing items.	
c. I estimate the amount of my loss and/or damage at \$		c. Name of delivering carrier/agent/contractor	
d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.		d. Storage in transit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Telephone Number	f. Date Signed	e. Signature	f. Date Signed
g. Signature			

DD Form 1840, JAN 88 Previous editions are obsolete. PAGE OF PAGES

Figure G1-8. Joint Statement of Loss and Damage at Delivery (DD Form 1840)

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